STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER The Hamlin County Republican		2. DATE 9-20-13
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 50	3B. ANNUAL SUBSCRIPTION PRICE $ 35 + $45
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 50, Castlewood, SD 57223		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO Box 50, Castlewood, SD 57223		
6. FULL NAME OF PUBLISHER: LeeAnne Dufek		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME	COMPLETE MAILING ADDRESS	
Hamlin County Publishing, Inc.	Box 50, Castlewood, SD 57223	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. None		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	650	650
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	100	100
2. Mail Subscription (Paid and or requested)	393	385
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	493	485
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	6	6
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	3	3
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	502	494
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	148	156
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	650	650

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

LeAnne Dufek
(Signature)

Publisher
(Title)

State of South Dakota)
§
County of Hamlin)

Sworn to before me this 23 day of Sept., 2013

Marlene Mennenga
Notary Public

(Seal)

My commission expires: ~~My Commission Expires~~ November 10, 2014.

Form: SOS REC 051 7/2004